

Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal A-01-40

Date: MARCH 22, 2001

CHANGE REQUEST 1601

SUBJECT: Additional Information on Transitional Pass-Through Devices and Drugs

This Program Memorandum (PM) addresses devices and drugs that qualify for transitional pass-through payments under the hospital Outpatient Prospective Payment System (OPPS).

Section A contains a list of items that were submitted for the April 2001 update and approved for pass-through status, but were inadvertently omitted from Transmittal A-01-17, dated January 31, 2001. Section B contains a list of transitional pass-through drugs that were submitted for the April 2001 update that have been approved for transitional pass-through status. Section C contains a list of items that were previously approved for pass-through status but will not be approved for pass-through status effective April 1, 2001. The items in Section C were mistakenly approved for transitional pass-through payments. Section D re-designates PROSORBA Column (extracorporeal immunoadsorption Protein A column) from transitional pass-through status to a "new technology procedure/service" status. This item should not have been approved for transitional pass-through payment as a device but rather should have been approved as a "new technology procedure/service." Section E contains a list of three C-codes that are no longer reportable under the hospital OPPS. These C-codes have been replaced with designated national HCPCS codes. For reporting purposes under the hospital OPPS, the national HCFA Common Procedure Coding System (HCPCS) codes should be reported rather than the C-codes.

The Outpatient Code Editor and PRICER currently contain the codes included in this document. However, intermediaries must add the codes listed in Section B below to the HCPCS file in their internal claims processing systems. All of the C-codes included in this file are used exclusively for services paid under the OPPS and may **not** be used to bill services paid under other Medicare payment systems.

The listing of HCPCS codes contained in this instruction does not assure coverage of the specific item or service in a given case. To receive transitional pass-through payments or new technology payments, qualified items and services must be considered reasonable and necessary in a given case.

A. Pass-Through Devices Effective January 20, 2001

These items were approved effective January 20, 2001, however, these were not included in Transmittal A-01-17. Therefore, these devices must be added to the long descriptors for each assigned C-code.

C-Code Long Descriptor

C1036	R Port Premier Vascular Access System (model 45-155), Sims Deltec Pro Port Single Lumen Low Profile Implantable Venous Access System, Sims Deltec Port-A-Cath II Dual Lumen Low Profile Implantable Venous Access System, Sims Deltec Port-A-Cath II Fluoro-Free Implantable Venous Access System, Sims Deltec P.A.S. Port Fluoro-Free Implantable Peripheral Venous Access System, Sims Deltec P.A.S. Port T2 Implantable Peripheral Venous Access System, Sims Deltec P.A.S. Port T2 Fluoro-Free Implantable Peripheral Venous Access System, Sims Deltec P.A.S. Port T2 Elite Implantable Peripheral Venous Access System, Sims Deltec P.A.S. Port Elite Implantable Peripheral Venous Access System, Sims Deltec Port-A-Cath II Implantable Epidural System Low Profile Venous Access System, Cook Vital Port Access Set, Horizon Medical MicroPort 2 Peripheral Access System
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C1104	Catheter, ablation, RF Conductr MC--EXT (with stiffer tip) 07864447, 078754447
C1811	Depuy Neuflex MCP Finger Joint Prosthesis, Depuy Ace Timax Calcaneal Peri-articular Plate, Depuy Ace Timax Pilon Plate, Depuy Ace Timax Meta Plate, Depuy Spider Plate, Depuy Total Elbow (Acclaim Elbow), Wright Medical Technology Swanson Titanium Carpal Lunate Implant
C1812	Depuy Scarf Threaded-head Screw, Depuy Twist Off Screw, Depuy Rockwood Clavicle Pin, Depuy Scarf Threaded-head Screw (Millenium Screw)
C4603	KY-SBV Oscor Permanent Implantable Pacing Lead (KY-48 SBV, KY 52 SBV, KY 58 SBV), KY-USBV Oscor Permanent Implantable Pacing Lead (KY 48 USBV, KY 52 USBV, KY 58 USBV, KY 70 USBV), KY-UV Oscor Permanent Implantable Pacing Lead (KY 48 UV, KY 52 UV, KY 58 UV, KY 70 UV), KY-V Oscor Permanent Implantable Pacing Lead (KY 48 V, KY 52 V, KY 58 V, KY 70 V)
C4607	Lead, pacemaker, Fineline II Sterox 4458
C6051	DePuy Orthotech Restore
C8099	Oscor C/VS Permanent Implantable Pacing Lead Extension (VKU-10V, VKU-20V, VKU-40V, VKU-10M, VKU-20M, VKU-40M), Oscor C/VS Permanent Implantable Pacing Lead Adaptor (BVS/VS-15, B/VS-15, B/VS-20)

B. Pass-Through Drugs Effective April 1, 2001

C-Code	SI	APC	Long Descriptor	Payment Rate	Minimum Unadjusted Co-insurance
C9012	G	9012	Injection, arsenic trioxide, per ampule	\$237.50	\$34.00
C9013	G	9013	Supply of Co 57 cobaltous chloride, radiopharmaceutical diagnostic imaging agent, per ml	\$10.03	\$1.44
C9017	G	9017	Lomustine, 10 mg	\$109.80	\$15.72

C. Pass-Through Items No Longer Eligible for Pass-Through Payments Effective April 1, 2001

C-Code	Long Descriptor
C1056*	Cook Chorionic Villus Sampling Set, Cook Intrauterine Insemination Catheter, Cook Jansen-Anderson Insemination Set, Product Health Induct Breast Microcatheter
C1111#	Stent graft system, AneuRx Aorto-Uni-Iliac-Stent Graft System
C1112#	Stent graft system, AneuRx Stent Graft System
C1113#	Stent graft system, Talent Endoluminal Spring Stent Graft System
C1114#	Stent graft system, Talent Spring Stent Graft System
C1117#	Endograft system, Ancure Endograft Delivery System
C1852*	TransCyte, per 247 square centimeters
C1872*	Dermagraft, per 37.5 square centimeters
C5280*	Cook Klein Rectal Tamponade Balloon
C6300#	Stent graft system, Vanguard III Bifurcated Endovascular Aortic Graft

C6600* Probe, Microvase Swiss F/G Lithoclast Flexible Probe .89mm, Microvase Swiss F/G Lithoclast Flexible Probe II .89mm

J1650** Enoxaparin sodium 10 mg

*Items are not eligible for pass-through status because they are not surgically implanted or inserted into the patient.

**Drug is not eligible for pass-through status under the hospital OPPS effective April 1, 2001.

#Devices not eligible for pass-through status because the associated procedures are listed in the "inpatient only" list.

D. Pass-Through Item Redesignated as a "New Technology" APC Effective April 1, 2001

C-Code	Long Descriptor	Old SI	New SI	Old APC	New APC
C1050	Protein A immunoabsorption, PROSORBA Column	H	S	1410	0976

E. C-Codes Replaced With Designated National HCPCS Codes Effective April 1, 2001

C-Code	Long Descriptor	Replacement HCPCS Code	Long Descriptor
C1045	Supply of radiopharmaceutical diagnostic imaging agent, I-131 MIBG [iobenguane sulfate I-131], per 0.5 mCi	A9508	Supply of radiopharmaceutical diagnostic imaging agent, iobenguane sulfate I-131, per 0.5 mCi
C1089	Supply of radiopharmaceutical diagnostic imaging agent, cyanocobalamin Co 57, 0.5 mCi, capsule	Q3012	Supply of oral radiopharmaceutical diagnostic imaging agent, cyanocobalamin cobalt Co57, per 0.5 mCi
C1360	Ocular photodynamic therapy	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)

NOTE: The HCPCS code assigned to the device(s) listed in this PM may be used only for that specific device. An already assigned HCPCS C-code may not be substituted for a different brand/trade name device not listed in this PM, even if it is the same type of device.

Immediately place this PM on your website. This PM should also be distributed with your next regularly scheduled bulletin.

The effective dates for this PM vary. The effective date for section A is January 20, 2001, and the effective date for sections B through E is April 1, 2001.

The implementation date for this PM is April 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after April 1, 2002.

If you have any questions, contact Marjorie Baldo (MBaldo@hcfa.gov) at (410) 786-4617.